



ARMY FEE ASSISTANCE

Army Fee Assistance Program Separation Verification (Pending Legal Action)

This form is to serve as certification that _____ is
Printed name of Qualifying Army Sponsor

*Separated from his/her spouse _____ who no longer resides
Printed name of Spouse/Partner

in the home with the Army Sponsor. The child (ren) for whom the Army Sponsor is applying for benefits reside with:

_____ Army Sponsor _____ Other Parent/Guardian _____ *Joint Custody

*Provide details of the agreed upon custody arrangement: _____

Child/Children's Name(s)	Date of Birth (DOB)
_____	_____
_____	_____
_____	_____

Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.

I understand that by signing this document, I am certifying that the statement above is correct. I further understand this document is not considered a "Permanent Record" for my file and that if I wish to continue to receive Army Fee Assistance (AFA), that I must provide proper legal documentation to the GSA within 6 months of the date of this document. Failure to provide legal documentation to the GSA may result in the suspension of your benefit.

Qualifying U.S. Army Sponsor's Signature / Last 4 of SSN *Phone Number* *Date*

I believe that the statement above is true and correct to the best of my knowledge.

Army Commander Signature *Phone Number*

Army Commander Name - Printed *Date*

Army Commander Name's Military Email Address

Return completed form to the GSA - FAX: (816) 823-5410 or Email: army.childcare@gsa.gov

***This form is not to be used in a geographical separation situation (EG: Geo Bachelor)**

For GSA use only:

Verified By: _____ Date: _____

